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ABSTRACT

Mental patients from the local hospital and the community mental health/mental retardation (MH/MR) center are being helped to reenter community life through classes at Odessa College (Texas). Twice a week, patients who have been stabilized enough to attend day care at the MH/MR center, together with aides, are bused to the community college's Adult Learning Center. There, they attend their choice of three classes: one in which videocassettes dealing with topics such as drugs, adolescents, family relationships, and consumer economics are shown; a reading improvement group using adult materials on the sixth-grade level; or a class for teaching English to Spanish-speaking persons or Spanish to English-speaking persons. Classes are held for one hour followed by an hour of group discussion. Odessa College hopes that this cost-effective program may reduce some patients' time in the local hospital and prevent them from going to the state hospital. (KC)

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NEW TRAILS FOR THE COMMUNITY COLLEGE

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One doesn't usually connect the community college with the county hospital except for the placement or laboratory training of nursing students or other allied health students. But at Odessa College, in the heart of the oil country, the Permian Basin, we have made a connection. We began with bringing the Mental Health/Mental Retardation patients into special classes twice a week at the college where they were blended successfully and without incident. The program has expanded and now includes psychiatric patients of the general hospital who daily join the Day Care Group at the Mental Health/Mental Retardation Center. They continue on to the college for the MH/MR classes that are providing their rehabilitation program. Our Adult Basic Education classes are being made to function as a resource for mental patients, regardless of whether they are in the general hospital or in the community mental health center. This may be a unique program in the country but one which can be utilized by other Adult Basic Education programs. The general hospital, while magnificently equipped to cope with physical illness, is lacking in facilities which promote the stimulation required for the restoration of the mental patient.

It has always been difficult to pass the time in the hospital. It doesn't usually matter because most often one is in pain or discomfort, and the last item on the agenda is the passage of time. The rented TV sets play on unheeded unless the aides favor some particular program. The patient longs only for the absence of physical or psychic pain or for the privacy and comfort of his home. For the psychiatric patient, time not only passes slowly but he is in particular need of the kind of stimulation which will bring him out of his withdrawal.

The general hospital may be the first step in the patient's journey to the state hospital. With a skilled psychiatric team and a rehabilitation program, the hospital may be a patient's only stop before he returns to the community mental health center and his home. Once a mental patient has passed the point

where his medication takes effect and he is available to talk, there is no general hospital that has a real therapy program designed for him. If he lies in bed all day, his muscles may begin to atrophy and he could require physical therapy. If he were already in the state hospital or in a private mental hospital, he could go to Occupational Therapy, go swimming, go to classes, go to Group Therapy, see his therapist, go for a walk on the grounds or other activities. But the general hospital offers none of these.

The community college can help solve these problems for some patients. Odessa College has formed a cooperative network with the local county hospital, the Mental Health/Mental Retardation Center and the Medical Director of the MHMR to help rehabilitate patients hospitalized with mental problems. All the facilities utilized are already in place and functioning and require no new outlay of money by the community, the state or the federal government. The Learning Center of Odessa College which is already linked with the Mental Health/Mental Retardation Center now becomes linked with the county hospital. The patient who is closely linked to his family when he is in the local hospital remains closely linked to his family. He does not experience the separation and possible alienation from his family which the stay in the state mental hospital may result in.

One might argue that he will be there for a short time only and then his problem will be resolved one way or the other. Is it important to make a way station interesting and productive? The answer is a resounding "Yes." Patterns are being laid down in this time which could affect the patient's attitude for life. What are we saying to the Patient? If your mood is disturbed, if you have suffered a "breakdown," you must stay in bed. For some persons, this is a reward which makes a deep impression on them. This is called secondary gain. If they let themselves go to the brink, they will be infantilized, put to bed and waited on hand and foot. In addition, this heaven may include a pension.

In the future, they will never have much incentive to be well. It could be a land from whose bourne no traveler wishes to return.

If one were to visualize graphically the situation presented the patient at the point when the medicine is effective, the patient is presented with a continuum running from regression at one end to integration at the other. The hospital beckons seductively, infantilizing and pampering the patient at the beginning. But the community and the patient are best served by bringing the patient to the integrative end of the spectrum which in this case is the MHMR class at the community college. When the patient responds to our conversation, shows interest in his food, uses the bathroom, these special classes say to him that he must begin to function. He must wear his clothes. A psychiatric nurse from the MH/MR and a bus will pick him up and take him to the Mental Health/Mental Retardation center where he becomes a patient of Partial or Day Care. He relates to other patients and to the aides. He also sees a therapist. He participates in the activities of Partial - the games, the outings and the special classes at the local community college. What are we now saying to him? We are saying - you still belong here, we want you. You are not ready for the asylum. It is true that you have "broken down," you have experienced a depression or a wild disturbance in mood, but we have given you medication, therapy and activity for your condition, and you are expected to participate in your own curative process every day. You are not needed to join the helpless part of the population, you are not a reject - you can be salvaged. You are needed to join the functioning part of the population, and we will not tolerate less than that from you. We will accept no less than your full effort. Like the person who falls off a horse, the patient is encouraged to get right up again and try to take part in life once more. Teachers in the Adult Basic Education Program at Odessa College believe that the patient can participate, that he is interested in learning

life-coping skills, updating old information and gaining insight into issues that may be disturbing to him.

Our aim is to provide experiences which will promote emotional growth. We begin by having the student-patients bused into the Adult Learning Center. By doing so, we are making a distinction between the MH/MR facility and the Adult Learning Center. The same student-patients who sit aroundⁱⁿ a warehouse condition at the MH/MR in various attitudes of withdrawal and sleep, come into the college classroom in an alert and receptive mood. The teacher, who is both a teacher and a psychiatric social worker, expects them to be responsive and they fulfill the expectation by and large. Physical comfort is high on the list of priorities which enables them to concentrate, and therefore attention is paid in advance to the availability of fluids, ashtrays and bathrooms. The student-patients are on psychotropic medications which require the consumption of unusual amounts of fluid.

They come to us for two hours twice a week for a Skills and Information Update. During the first hour, they may attend any one of three groups. The first group watches and listens to cassettes on the Video Tape Recorder which deal with topics such as the use of drugs, adolescence, family relationships and consumer economics. The cassette is followed by a discussion led by an aide. The second group is a reading group using adult material on the sixth grade reading level. Here the stress is on comprehension and the improvement of vocabulary. The reading is handled by the MH/MR teacher who enriches the material and draws upon the students' own experiences. In this way, they are both recipients and producers. The third group is led by a bilingual aide who offers English to the Spanish speakers and Spanish to those who wish to learn to speak Spanish. They make use of the overhead projector and transparencies which depict scenes of everyday life. (We use English as a Second Language, A Transparency

Series, 150 Verbs to Support Your ESL Curriculum, Linda DuPree, Barbara Derrick, Jo Beth Vigil, Frank D. Fuller, Jr., Luke L. Patrenella, Jr.)

There is a break to allow for relaxation, the use of the facilities and the obtaining of refreshment. When the students are comfortable again, they are gathered into a group which includes their aides who serve as teacher-aides and models for the student-patients to emulate. In the second hour, they add a third role as star pupils. The topics introduced by the MH/MR teacher range from good manners, the correct way to eat and converse at the table, relationships between parents and children and work-related problems. The element common to all the topics is to begin with information and to move from there to elicit emotional responses in order to provide the student-patients with a corrective feeling and learning experience. We treat them with respect and give them the message that there is much they can do and learn and they give us back a positive response which would probably astonish their therapists at the MH/MR Center. We always keep in mind that the ultimate goal is to move them back into the mainstream of community life.

Here is a place for the community college to offer its educational services as therapy to the hospitalized mental patient. The line between the hospital and the community is softened and fades. They can be viewed as a continuum, not as separate worlds with no interface. Many people believe superstitiously that once they enter a hospital, they will never come out again. Proving to them daily that one can go into the hospital and come out is a Herculean feat. It is a daily miracle which reinforces or stimulates the healthy part of their ego. As their chemical balance is being restored, their ability to enter the outside world is being shored up. This program offers a cost-effective method for the state or the patient's family. One hospitalization encompassing the MH/MR-community college program often accomplishes what might have taken two consecutive hospitalizations, one at the community hospital and another at the state hospital.

Hopefully, education is always in a sense therapeutic as it enhances our concept of ourselves and our feelings of competency, but in the special case of the hospitalized mental patient, it is especially so. Odessa College participates in this unique way to move mental patients into remission and reclaim the thrill of learning.

MHMR CLASS

FIRST HOUR - INFORMATION & SKILLS UPDATE

TEACHER: SHIRLEY GOODMAN

Group 1 - Led by Bilingual Aide
who accompanies group from
MHMR

ESL for Spanish Speakers
*

*English speakers desiring to
Study Spanish may attend

Group 2 - Led by Aide who accompanies
group from MHMR

VTR MACHINE - Cassettes*
followed by discussion

*Cassettes range in subject matter
from Drugs & Family Relationships
to Consumer Information &
Budgeting

Group 3 - Led by Shirley Goodman,
Head Teacher, MHMR (both a teacher
& a psychiatric social worker) to
improve reading, vocabulary, compre-
hension, promote participation &
increased socialization

Reading Group
Material at 6th grade
level - History, Economics
Famous Historical Figures

10 minute break -- for use of the facilities, refreshments, etc.

SECOND HOUR

Discussion - total group including aides

A topic which provides information, stimulates
participation & increased socialization for
withdrawn student-patients.

Led by Shirley Goodman